

**Admission Authorization – Specialized Care/Long Stay Acute Care Hospitals
INFORMATION SHEET – SPEC 100**

Resident's Name: _____

Medicaid Number: --

Resident's Current Location: _____

Facility Name: _____

NPI

M.D. Certification: _____

Signature

Date

Specialized Care/Long Stay Hospital Criteria

☐ Child

☐ Adult (Complex Health Care and Rehab apply
to Long Stay Hospitals Only)

☐ Mechanical Ventilation/Complex Trach (86)

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☐ Complex Health Care (89)

☐ Complex Health Care (89)

☐ Rehabilitation – Comprehensive (92)

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Check One Only if this an Initial Request or Retrospective Review Request:

☐ Initial Request/Admission

OR

Retrospective Review Request (check type of request)

☐ Medicaid Retro Active Eligibility

☐ Private Insurance Exhaust

☐ Medicare Exhaust

☐ Private Pay Exhaust

Date of Admission _____

Date of Exhaust (if applicable) _____

Check One Only if this a Readmission or Re-certification Request:

☐ Re-admission Date: _____

☐ Re-certification Date: _____

Service Authorization Number: _____

Case ID Number: _____

Discharge Location and Date: _____

Name and Title of Person Submitted Request: _____